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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001108 (7)

1. Corporation Name

MARINER HEALTH OF FLORIDA, INC.

Principal Place of Business
125 EUGENE O'NEILL DR.
NEW LONDON CT 06320

Mailing Address
125 EUGENE O'NEILL DR.
NEW LONDON CT 06320-6410

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 06-1447762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STRATTON, ARTHUR W JR	1.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	STRATTON, NANCY L	2.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	GALLAGHER, JENNIFER B	3.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T
NAME	KINELL, JEFFREY W	4.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	4.3 STREET ADDRESS	HANSEN, DAVID N.
CITY-ST-ZIP	NEW LONDON CT 06320	4.4 CITY-ST-ZIP	125 EUGENE O'NEILL DR
TITLE	S	5.1 TITLE	
NAME	BURNETT, MARK H	5.2 NAME	
STREET ADDRESS	125 HIGH ST., HIGH STREET TOWER	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	AS
NAME	GILLIGAN, ALLISON	6.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO 4/30/97

Date

860-701-2000

Daytime Phone #

CR2E034 (9/96)